

Appendix A



AIRPORT MANAGERS SURVEY

Thank you for your participation in this important study. Please provide the information requested below. If available, also include a copy of your most recent annual report and copies of any past studies conducted concerning the economic impact of your airport.

1. Airport Name: _____
Location: _____
Manager (Contact): _____

2. How many people did your business employ in 2001? Full-time employees _____
Part-time employees _____

3. How much revenue did the airport collect in 2001 from:

Landing fees \$ _____

Fuel flowage fees \$ _____

Tie-down fees \$ _____

Aircraft parking fees \$ _____

Hangar rentals \$ _____

Terminal space rent \$ _____

Commercial concessionaire
revenue (other than rent) \$ _____

Other sources (please specify) \$ _____

4. Please identify any air taxi or charter operators that operate at your airport. If available, please provide contact information.

<u>Company Name</u>	<u>Air Taxi or Charter</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Other than those listed above in **Question 4**, please list all **FBO's, tenants and businesses located at your airport**. If available, please include contact information.

<u>Company Name</u>	<u>Type of Firm</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Please list **local businesses** of which you are aware that rely on your airport, especially those that do not own aircraft. If available, please include contact information.

<u>Company Name</u>	<u>Type of Firm</u>	<u>Contact</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please report your total capital expenditures over the last 3 years:

\$ _____ in 1999 \$ _____ in 2000 \$ _____ in 2001

Operating Expenditures

8. Please report the total payroll paid to all employees at this airport: \$ _____
9. Other than payroll, please estimate how much the airport spent for all other operating expenses in 2001: \$ _____
10. If this is a privately owned airport, what were the total 2001 taxes (local & state) paid to your locality and to the Commonwealth of Virginia: \$ _____
11. How were your expenditures distributed among the firms that supplied your airport? (just a rough estimate, according to your experience and judgment):

	<u>Firms In Virginia</u>	<u>Firms Outside Virginia</u>
Operating Materials (Working Capital)	(\$ or %) _____	(\$ or %) _____
Services	(\$ or %) _____	(\$ or %) _____
Capital Equipment	(\$ or %) _____	(\$ or %) _____
Construction labor	(\$ or %) _____	(\$ or %) _____
Other Expenditure	(\$ or %) _____	(\$ or %) _____

12. Are there any facility inadequacies that are constraining you from your full desired business use of the airport? What is the inadequacy, and what would your firm do differently if remedied?

13. If the improvements listed in **Question 12** are made, do you expect changes in the fleet mix of operations and of based aircraft at your airport?

☐ Yes ☐ No

If Yes, please estimate the changes that you anticipate:

Change in Based Aircraft (+/-) :

a. Propeller/Reciprocating _____ b. Turboprop _____ c. Turbojet _____

Additional Aircraft Operations (+/-):

a. Local GA _____ b. Itinerant GA _____ c. Commercial _____

- 14.** This study is also concerned with the many quality-of-life benefits that airports provide, which are often not measurable in dollar terms. As an airport manager, you have a unique perspective on the ways in which your airport supports the local quality of life by contributing to the health, safety, recreation, and economic well-being of your community.

Please check all applicable activities/attributes at your airport.

- | | |
|--|--|
| <input type="checkbox"/> Recreational flying and/or parachuting | <input type="checkbox"/> Shipping of perishable goods |
| <input type="checkbox"/> Ballooning | <input type="checkbox"/> Model aircraft flying |
| <input type="checkbox"/> Pres. of open space/wetlands/ woodlands | <input type="checkbox"/> Agricultural spraying |
| <input type="checkbox"/> Career training / Education | <input type="checkbox"/> Freight / Cargo activity |
| <input type="checkbox"/> Search & Rescue | <input type="checkbox"/> Traffic / News reporting |
| <input type="checkbox"/> Flight training | <input type="checkbox"/> Corporate / Business activity |
| <input type="checkbox"/> Emergency medical aviation | <input type="checkbox"/> Environmental patrol |
| <input type="checkbox"/> Gateway for VIP / High profile visitors | <input type="checkbox"/> Aerial photography / Surveying |
| <input type="checkbox"/> Staging area for community events | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Aerial inspections | <input type="checkbox"/> Police / Law enforcement |
| <input type="checkbox"/> Aerial advertising / Banner towing | <input type="checkbox"/> Location for community facil./util. |
| <input type="checkbox"/> Promotional activities i.e., open houses, air shows, etc. | <input type="checkbox"/> Public charters |
| <input type="checkbox"/> Other (please describe) | |

- 15.** Please provide very brief descriptions (ex., "Channel 8 news helicopter" or "Annual June Air Show") regarding the above checked activities:

16. This study is also concerned with the many qualitative benefits that airports provide the communities they serve, that may not be measurable directly in dollar terms. You have a unique perspective on the ways in which your airport supports the local quality of life. Please use the space below to discuss any special attributes of this airport, or ways in which it is special or important to the community it serves.

17. Has your airport felt a measurable impact from the September 11, 2001 terrorist attacks?

☐ Yes ☐ No

Impact

Change (+/-)

GA Operations

Commercial Operations

Commercial Enplanements

Airport Revenue

Airport Employment

Other: _____

Please provide or refer us to documentation of these impacts, if available (ex: monthly tower counts before/after 9/11)

Comments:

18. Has your airport felt an impact from the on-going 'aviation insurance crisis' (the non-availability or steep increase in price of general aviation insurance in the past few years)?

☐ Yes ☐ No

If so, please comment, **especially on any FBO's or other businesses that have been forced to close, or activity such as flight instruction that has stopped**, and any measures you have taken in response:

19. If possible, please provide or suggest where we may find historical records of the price of 100LL and Jet A at your airport since January 2000, or the most recent available.

Thank you for your time and assistance.

Your participation is crucial to the success of this study.





AIRPORT TENANT SURVEY

Thank you for your participation in this important study. Please provide the following information:

1. Business Information

Airport at which your business is located: _____

Business Name: _____

Contact Name: _____

Telephone Number: _____

2. Type of Business: _____

3. How many people did your business employ in 2001? Full-time employees _____

Part-time employees _____

4. Operating Expenditures

Please report the total payroll paid to all employees at this airport: \$ _____

Other than payroll, please estimate how much your business spent for all other operating expenses in 2001: \$ _____

5. Gross Sales

Please estimate the gross sales of your business at this airport in 2001: \$ _____

If the exact revenue figure is not available, please estimate the range:

- | | |
|--|---|
| <input type="checkbox"/> \$25,000 or less | <input type="checkbox"/> \$100,000 to \$200,000 |
| <input type="checkbox"/> \$25,000 to \$50,000 | <input type="checkbox"/> \$200,000 to \$500,000 |
| <input type="checkbox"/> \$50,000 to \$75,000 | <input type="checkbox"/> \$500,000 to \$1 million |
| <input type="checkbox"/> \$75,000 to \$100,000 | <input type="checkbox"/> Over \$1 million |

6. Please provide the total 2001 taxes (local & state) **paid by your business** to your locality and to the Commonwealth of Virginia: \$ _____

7. Are there any facility inadequacies that are constraining you from your full desired business use of the airport? What is the inadequacy, and what would your firm do differently if remedied?

Thank you for your time and assistance.

Your participation is vital to the success of this study.





AIRPORT-DEPENDENT BUSINESS SURVEY

Thank you for your participation in this important study. Please provide the following information:

1. Company Name: _____
Address: _____
Telephone Number: _____
Contact Name: _____

2. What is your firm's primary product or service? _____

3. How many people did your business employ in 2001? Full-time employees _____
Part-time employees _____

4. What were your total sales for 2001, or for the latest available period? \$ _____

If the exact revenue figure is not available, please estimate the range:

- | | |
|--|---|
| <input type="checkbox"/> \$25,000 or less | <input type="checkbox"/> \$100,000 to \$200,000 |
| <input type="checkbox"/> \$25,000 to \$50,000 | <input type="checkbox"/> \$200,000 to \$500,000 |
| <input type="checkbox"/> \$50,000 to \$75,000 | <input type="checkbox"/> \$500,000 to \$1 million |
| <input type="checkbox"/> \$75,000 to \$100,000 | <input type="checkbox"/> Over \$1 million |

5. Please provide the total 2001 taxes (local and state) **paid by your business** to your locality and to the Commonwealth of Virginia: \$ _____

6. How does your company use Virginia's airports? Please check as many as apply:

- ☐ To ship in supplies, raw materials, and/or intermediate goods
☐ To ship (out) your products
☐ To transport company personnel
☐ To transport customers and business associates
☐ Other (please specify): _____

7. What percentage of your business activity depends on your local airport:

_____ %

8. Please list the airports within Virginia on which your business relies, and indicate approximately how often you use them each year.

<u>Airport Name</u>	<u>Times per Year</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

9. What would be your reaction if your most frequently-used airport were no longer available?
(check as many as apply)

- ☐ Substitute other modes such as bus, truck, rail
☐ Use next closest airport (please name airport)
☐ Make fewer trips
☐ Relocate business
☐ Other (please specify)

10. Are there any airport facility inadequacies that are limiting you from your full desired use of a Virginia airport? What is the inadequacy and what would your firm do differently if remedied?

- ☐ Yes ☐ No

If yes, please describe:

11. Have the September 11 terrorist attacks, through the effect on the national aviation system, significantly and negatively impacted your business? Please check all that apply.

☐ This business **reduced employment** by _____ full-time equivalent positions

☐ This business suffered a **loss in sales** of approximately \$_____

☐ This business faced **an increase in costs** of approximately \$_____

Please comment on these business consequences, especially, how long you expect them to persist:

12. Has your business and/or aviation activity been affected by the ongoing 'aviation insurance crisis,' the sudden unavailability or jump in the cost of general aviation-related insurance?

☐ Yes ☐ No

If yes, please comment:

Thank you for your time and cooperation.

Your participation is crucial to the success of this study.



- 12.** Please use this space to include any additional comments or recommendations you may wish to bring to our attention.

[illegible]

***Thank you once again for
your participation!***

Should you have questions about the study
or concerns regarding this survey,
please contact:

Cliff Burnette
Chief Airport Planner, Airport Services Division
Virginia Department of Aviation
5702 Gulfstream Road
Richmond, VA 23250
800-292-1034 (VA Only)
804-236-3624 (Outside VA)



web site: www.doav.state.va.us

VIRGINIA AIRPORT SYSTEM

COMMERCIAL SERVICE

AIR PASSENGER SURVEY

TO DETERMINE LOCAL AIRPORT NEEDS

**conducted on behalf of the
Virginia Department of Aviation**



The Commonwealth of Virginia recently launched a study to measure the value of Virginia airports to their communities and to the state. An important part of this study involves surveying airport users.

This Airport Visitor Survey is intended to gain an understanding of how visitors use the airports of the Commonwealth, and the economic benefit that visitors contribute to Virginia.

Please take a few minutes to complete this survey. Your participation is deeply appreciated and crucial to the success of this study. *Your answers to these questions will be held in strict confidence. Personal identification is not required.*

1. Please identify the airport where you received this survey: _____

2. Are you: ☐ Arriving ☐ Departing

3. What is the purpose of your trip?

- ☐ Business ☐ Personal ☐ Vacation
☐ Convention

4. *If your trip is business related*, please answer the following questions:

What is the major product or service provided by your company? _____

What is the major product or service provided by the company you are visiting? _____

5. *If your trip is business-related:*

The study staff understands that corporate security policy or business considerations may prevent you from revealing specific information about your travel. If possible, however, please provide the following information. Once again, *all survey responses will be held in strict confidence.*

Your company: _____

Address: _____

Company you are visiting: _____

Address: _____

6. How many nights did you, or will you spend in Virginia during this trip? _____

If staying one or more nights, please indicate the type of lodging:

- ☐ Commercial lodging (Hotel/motel, B&B, short-term condo rental)
☐ Private residence

7. Approximately how much money did you, or will you spend during this trip for the following purposes?

Please list only those expenditures made in the state of Virginia. If traveling as a family, please estimate the total expenditures made by everyone.

Lodging: \$ _____

Food & beverage \$ _____

Local transportation \$ _____
(rental car, taxis, etc.)

Entertainment \$ _____

Other (please specify) \$ _____

8. If traveling as a family, how many are traveling, aside from yourself? _____

9. How many times per year do you fly into this particular airport? _____

10. How would your trip today have been affected if this airport were not available to you?

A: I would still be visiting (would have visited) my destination, and:

☐ I would have flown through another airport.

Name of airport: _____

☐ I would have traveled by another mode.
Mode (automobile, train, etc.) _____

B: I would not be visiting/have visited my destination on this trip, and:

☐ I would be visiting/have visited a destination elsewhere in Virginia.

Name of alternate destination: _____

☐ I would not be visiting/have visited a Virginia destination.

11. Beyond your trip today, how would your business, personal, or vacation travel generally be affected if you did not have access to Virginia airports?

13. Beyond your trip today, how would your business, personal, or vacation travel generally be affected if you did not have access to Virginia airports?

14. *This question pertains to general aviation pilots only.*

A. Where do you normally base your aircraft?

Airport Name or Identifier Code: _____

City: _____

State: _____

B. What type of aircraft do you have?

☐ Single engine ☐ Multi engine

☐ Jet ☐ Other _____

15. Are there any facility constraints that are limiting you from your desired business use of this airport?

16. Please use this space to include any additional comments or recommendations you may wish to bring to our attention.

Thank you for your participation!

Should you have questions about the study or concerns regarding this survey, please contact:

Cliff Burnette
Chief Airport Planner, Airport Services Division
Virginia Department of Aviation
5702 Gulfstream Road
Richmond, VA 23250
800-292-1034 (VA Only)
804-236-3624 (Outside VA)



web site: www.doav.state.va.us

VIRGINIA AIRPORT SYSTEM GENERAL AVIATION VISITORS SURVEY

TO DETERMINE LOCAL AIRPORT NEEDS

conducted on behalf of the
Virginia Department of Aviation



The Commonwealth of Virginia recently launched a study to measure the value of Virginia airports to their communities and to the state. An important part of this study involves surveying airport users.

This Airport Visitor Survey is intended to gain an understanding of how visitors use the airports of the Commonwealth, and the economic benefit that visitors contribute to Virginia.

Please take a few minutes to complete this survey. Your participation is deeply appreciated and crucial to the success of this study. *Your answers to these questions will be held in strict confidence.*

1. Please identify the airport where you received this survey: _____

2. Are you: ☐ Arriving ☐ Departing

3. How many people, including the pilot, were or will be traveling on your plane? _____

4. What is the purpose of your trip?
☐ Business ☐ Leisure
☐ Flight training

5. If your trip is business related, please answer the following questions:

What is the major product or service provided by your company? _____

What is the major product or service provided by the company you are visiting? _____

6. If your trip is business-related:

The study staff understands that corporate security policy or business considerations may prevent you from revealing specific information about your travel. If possible, however, please provide the following information. Once again, *all survey responses will be held in strict confidence.*

Your company: _____

Address: _____

Company you are visiting: _____

Address: _____

7. How many nights did you, or will you spend in Virginia during this trip? _____

If staying one or more nights, please indicate the type of lodging:

- ☐ Commercial lodging (Hotel/motel, B&B, short-term condo rental)
☐ Private residence

8. Approximately how much money did you, or will you spend during this trip for the following purposes?

Please list only those expenditures made in the state of Virginia. If traveling as a family, please estimate the total expenditures made by everyone.

Lodging: \$ _____

Food & beverage \$ _____

Local transportation (rental car, taxis, etc.) \$ _____

Entertainment \$ _____

Aircraft Services (fuel, maintenance, etc.) \$ _____

Other (please specify) \$ _____

9. If traveling as a family, how many are traveling, aside from yourself? _____

10. How many times per year do you fly into this particular airport? _____

11. Do you fly to other Virginia airports on a regular basis? ☐ Yes ☐ No

If yes, please list the Virginia airports and the number of your annual trips.

Airport Name or ID Code	Annual Trips
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

12. How would your trip today have been affected if this airport were not available to you?

A: I would still be visiting (would have visited) my destination, and:

☐ I would have flown through another airport.
Name of airport: _____

☐ I would have traveled by another mode.
Mode (automobile, train, etc.) _____

B: I would not be visiting/have visited my destination on this trip, and:

☐ I would be visiting/have visited a destination elsewhere in Virginia.
Name of alternate destination: _____

☐ I would not be visiting/have visited a Virginia destination.



Study Performed by:

HNTB

EDRG

SH&E

Ken Weeden & Associates

For more information, contact:

Commonwealth of Virginia

Department of Aviation

5702 Gulfstream Road

Richmond, VA 23259-2422

800-292-1034 (VA Only)

804-236-3624 (Outside VA)

www.doav.virginia.gov